

(1) PLACE OF BIRTH

County of RichmondTownship of 19Inc. Town of 19City of 19

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46139

Registration District No. 218 Registered No. 1

(For use of Local Registrar)

(No. 1 St. 1 Ward 1)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)2) Full Name of Child. Heleen Chippell Parks If child is not yet named, make supplemental report as directed3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Jan 2 1916  
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

## FATHER.

FULL NAME Archie Hugh ParksPRESENT PLACE OF RESIDENCE Rockton S.C.COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)BIRTHPLACE S.C.OCCUPATION FarmerNumber of children born to father, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Sophie Chippell(15) PRESENT POSTOFFICE OF MOTHER Rockton S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Rockton, S.C.

Given name added from a supplemental report

191

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 2 1916 (28) [Signature] Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar 1 Local Registrar 1

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH, and mark the FIRST-BORN, NO. 1, THE OTHERS, NO. 2, 3, etc. in question 5.

WRITE  
N. B.—  
McCaw, C.